

**REMARKS/ARGUMENTS**

Claims 1 and 3-10 are in the application.

In the last office action, objections were made to claims 1 and 3 due to informalities. Claims 1 and 3 have now been amended to correct a misspelling in claim 1, and to eliminate a reference to cancelled claim 2 in claim 3.

Claims 1 and 3 - 10 stand rejected under 35 U.S.C. § 103 as obvious over art of record.

In the previous rejection, the Examiner likened an external score to a slit in the external portion of the sheath in Honebrink. A needle cannot be passed through the wall of Honebrink's sheath without tearing or fracturing the wall of the sheath along the score line. Such tearing or fracturing requires exertion of substantial force which is transmitted to and disturbs the needle.

The force exerted on Honebrink's catheter during removal of the canula results in movement of the former. This is tolerable in the case of a catheter used to deliver fluids into a blood vessel. However, the critical positioning of an electrical stimulation needle mounted on the catheter of applicant's device makes Honebrink's device, which would cause movement of the stimulation needle during removal of the canula, entirely unsuitable for locoregional anaesthesia.

Due to the precision in placement required during the injection of locoregional anaesthesia, a needle through which the anaesthesia is introduced must not be permitted to move during a

withdrawal of the needle. Honebrink does not teach or suggest the provision of a canula with an end to end longitudinal opening through its wall for allowing the withdrawal of a canula or needle without having to first tear or fracture the wall.

In order to more clearly distinguish from Honebrink, claim 1 has been amended to recite

the canula having a longitudinal ~~slit~~-opening  
completely through its wall from end to end  
through which the canula can be separated  
laterally from the catheter without tearing  
the canula and disturbing the needle

Honebrink, in providing for removal of a catheter through the wall of a canula apparently believed it necessary to have the wall of his canula unbreached during insertion of the catheter. The above described shortcomings of having to open the wall of the catheter after the catheter is inserted in the canula were not recognized by Honebrink. Applicant improved upon Honebrink after discovering that a canula with an opening completely through its wall can perform its function of guiding a catheter or needle into the body and enable separation of the canula from the catheter or needle without significantly disturbing the catheter or needle.

In view of the foregoing, it is respectfully submitted that the application is now in condition for allowance. Early and favorable action is earnestly solicited.

An unpaid fee required to keep this case alive may be charged  
to deposit account 06-0735.

Respectfully Submitted,

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